

WELL CHILD EXAM -

烈	DEPARTMENT OF SOCIAL 6-HEALTH								: 16 YEARS Guidelines)	S	DATE	
	•				ADOL	ESC	ENC	E: 16	YEARS			
	CHILD'S NAME										DATE OF BIRTH	
ш												
Ē	ALLERGIES							CURRENT MEDICATIONS				
O COMPLET SELF	ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST \							VISIT TODAY I HAVE A QUESTION ABOUT:				
Ϋ́	ILLNESSES/ACCI	CERNS SIN	JERNS SINCE LAST V				TODAYTHAVE A	QUESTION ABOUT:				
SE												
<u> </u>												
SEN BO	YES NO YES							NO				
ESCENT TO ABOUT	□ □ I eat breakfast every day. □							☐ I get some physical activity every day.				
ADOL	☐ ☐ I have someone I can talk to. ☐							☐ I get enough sleep;nours per night.				
AD	☐ ☐ I am happy with how I am doing in school and/or at work.											
		παρ	Py W	arriow rain a	onig in sone	JOI all	10,01	at we	nik.			
EIGHT K	G./OZ. PERCENTILE	HEIGI	нт см	/IN. PERCENTILE	BLOOD PRES	SURE		Dio	.+			
								Die	··			-
	avious of avotama			Povious of fe	amily histor	.,			•			_
☐ Review of systems ☐ Re				Keview of it	Review of family history			Review Immunization Record				
Screen	MUZ R			L				☐ Hgb/Hct ☐ TB ☐ Dental Referral				
-		IVI□∠							Cholesterol	(Ol I - II - II		
Hearing Screen											ssed/handouts given)	
		200									egular physical activity/Spo	rts
		100								-	ry prevention/safety	
		500								-	I ☐ STD/HIV/AIDS	
Vision Screen		R 20/ L 2			20/			☐ Sex education/birth control ☐ Suicide/Depression				
Development		N	Α								☐ Future Plans	
Behavior								Ш	Other:			
Social Emotional								As	sessment/Plan:			
Mental Health												
			ш	-								
Physical:		Ν	Α	OI 1		Ν	Α					
General appearance				Chest		Ц	Ш	-				
Skin Head		Ц		Lungs Cardiovascu	lar/Dulcac		Ц					
Eyes				Abdomen	ilai/i uises							
Ears				Genitalia								
Nose			☐ Spine									
Oropharynx/Teeth		П	Extremities			$\overline{\Box}$	П					
Neck	-			☐ Neurological								
Nodes				Gait								
Describ	oe abnormal findi	ngs a	and c	comments:								
		-										
							_	IMMU	JNIZATIONS GIV	'EN		
								REFE	ERRALS			
NEXT VISIT: 18 YEARS OF AGE								HEALTH PROVIDER NAME				

DSHS 13-686A(X) (REV. 08/2004) - TRANSLATED

HEALTH PROVIDER SIGNATURE

DISTRIBUTION: White - Physician Yellow - Parent/Guardian

HEALTH PROVIDER ADDRESS

☐ SEE DICTATION

Caring For Your Health at 16 Years

What Your Body Needs

Ways you can help your body between 16 and 18 years of age.

You need regular health, vision and hearing checkups with your doctor. You should see the dentist at least once yearly.

You need at least 8 hours of sleep each night to do your best at school, work or when driving. Avoid working an extra job if it cuts into your sleep.

Exercise is the most effective way to control your weight. Dieting must be planned and supervised. Taking laxatives or vomiting can harm your body. Your body does not get the nutrients it needs to grow. If you have a friend who vomits or uses laxatives to control their weight they need help.

For Help or More Information

Family Helpline: 1-800-932-4673 National Crisis Helpline: 1-800-999-9999 or Boys Town National Crisis Line: 1-800-448-3000.

Sexuality Information For Teens:

www.teenwire.com.

For information about gay and lesbian teens contact: PFLAG (Parents, Families, and Friends of Lesbians and Gays) www.pflag.com or 202-467-8180.

For eating disorders contact:

www.allabouteatingdisorders.com.

Healthy Behaviors

Learn about your sexuality, abstinence, sexually transmitted diseases and birth control. Be sure you know how and why to say "no" to sex. Talk with parents or adult advisors about making sexual decisions.

Smoking gives you colds, sinus infections, cancer, bad breath, and makes your clothes and hair stink.

Dramatic negative changes in your feelings, behavior, friends, schoolwork and school attendance can all be signs of depression. If you think you are depressed see your doctor or ask your parents for help. Or if a friend seems particularly sad or angry and their behavior changes, know where to find help.

Every day spend at least as much time exercising or with your friends as you spend watching TV or on the computer.

Many teens know a teen who may be gay or lesbian. You may want to talk about this. You can call one of the organizations that help gay or lesbian teens, their families, and their friends.

Hobbies and talents may be the beginnings of a career. They help you feel good about yourself. Explore things that interest you like sports, drama, art, music, photography, or jewelry making.

Safety Tips

Driving is most risky for teen drivers when they have other teens as passengers. You and your parents should agree on clear rules about driving, especially with your friends. For example, all drivers and all passengers must wear seat belts all of the time. Never drive drunk or ride with anyone who has been drinking.

Remember "Friends not only don't let friends drive drunk," they also don't let friends ride with a drunk.

Use sunscreen. Too much sun causes wrinkles and cancer.

Guidance to Physicians and Nurse Practitioners for Adolescence (16 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

Fluoride Screen

Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6 ppm F) water. Before supplements are prescribed, it is essential to know the fluoride concentration of the patient's drinking water. Once the fluoride level of the water supply has been evaluated, either through contacting the public health officials or water analysis, as well as evaluating other sources of fluoride, the daily dosage schedule can be recommended. Pediatric Dentistry: Reference Manual 1999--00.(21)5.

Screens for Sexually Active Teens

- Gonorrhea/chlamydia.
- Pap smear.
- Human immunodeficiency virus (HIV).

Hepatitis B Vaccine

• For children and adolescents not vaccinated against hepatitis B in infancy, begin the hepatitis B vaccine series during any childhood visit. Give the second dose at least one month after the first dose and give the third dose at least four months after the first dose and at least two months after the second dose.

High Risk Behavior

Discuss behaviors such as these:

- Depression.
- Drugs.
- Smoking.
- Sexual contacts (and need for protection and contraception).
- Suicide.
- Guns.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention.